

Certificate of Insurance

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER.
THIS CERTIFICATE DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES LISTED BELOW.

NAME AND ADDRESS OF AGENCY/BROKER FIRSTLINE INSURANCE SERVICES One First National Bank Parkway 14010 First National Bank Parkway, Ste. 203 Omaha, Nebraska 68154-5208	CERTIFICATE NO: R2030	COMPANIES AFFORDING COVERAGE	
		COMPANY LETTER	A Westchester Surplus Lines Insurance Company
		COMPANY LETTER	B
		COMPANY LETTER	C
		COMPANY LETTER	D
NAME AND ADDRESS OF INSURED: <i>The Academy of Model Aeronautics, Inc. and/or Affiliated and/or Associated Chartered Clubs, Chapters, and Members thereof.</i> 5161 E. Memorial Drive Muncie, IN 47302-9232		COMPANY LETTER	E

This is to certify that policies of insurance listed below have been issued to the insured named above and are in force at this time. Notwithstanding any requirement, term, or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policies.

CO. LETTER	TYPE OF INSURANCE	POLICY NUMBER	POLICY PERIOD	LIMITS OF LIABILITY	
A	GENERAL LIABILITY	SEW776 875 This certificate cancels and supercedes any previously issued certificates of insurance under this policy number.	03/31/04 THRU 03/31/05	GENERAL AGGREGATE PER LOCATION	\$5,000,000
	<input checked="" type="checkbox"/> COMMERCIAL FORM			PRODUCTS-COMP/OPS AGGREGATE	\$5,000,000
	<input checked="" type="checkbox"/> PREMISES-OPERATIONS			EACH OCCURRENCE	\$2,500,000
	<input checked="" type="checkbox"/> EXPLOSION AND COLLAPSE HAZARD				
	<input checked="" type="checkbox"/> UNDERGROUND HAZARD				
	<input checked="" type="checkbox"/> PRODUCTS-COMPLETED OPERATIONS HAZARD				
	<input checked="" type="checkbox"/> CONTRACTUAL INSURANCE				
<input type="checkbox"/> INDEPENDENT CONTRACTORS					
<input type="checkbox"/> CLAIMS MADE FORM					
<input checked="" type="checkbox"/> PERSONAL INJURY					
<input checked="" type="checkbox"/> OCCURRENCE FORM					
	EXCESS LIABILITY			BOODY INJURY AND PROPERTY DAMAGE COMBINED	\$ \$
	<input type="checkbox"/> UMBRELLA FORM				
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				
	WORKERS' COMPENSATION and EMPLOYERS' LIABILITY			STATUTORY	\$ (EACH ACCIDENT)

DESCRIPTION OF OPERATIONS/LOCATIONS/SPECIAL ITEMS:

Loc: LEON COUNTY LANDFILL

SEMINOLE RC CLUB / 216
 RICHARD D WYNN
 2800 CAVAN DR
 TALLAHASSEE FL 32309

ADDITIONAL INSURED:

LEON COUNTY FLORIDA

MAILING ADDRESS OF CERTIFICATE HOLDER:

BOB INZER / CLERK OF THE COURT
 301 SOUTH MONROE
 TALLAHASSEE FL 32301

CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

DATE ISSUED: APRIL 01, 2004

Larry Johnson
 AUTHORIZED REPRESENTATIVE

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